

**BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

Meeting Date: 9/21 /05

Division: Management Services

Bulk Item: Yes X No     

Department: Administrative Services

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**AGENDA ITEM WORDING:**

Approval to renew contract with PGCS (Preferred Governmental Claims Solutions) for third party administration of the Workers Compensation program on a fee for service basis in accordance with the attached fee schedule.

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**ITEM BACKGROUND:**

The County has utilized the services of PGCS for the last 10 years. The current contract calls for a flat fee annually of \$78,000.00. Based on an analysis of our current and historic utilization of services, we project that the cost based on a fee for service will be \$52,000.00. We performed a market survey and we are satisfied that these terms are among the most competitive pricing in the Florida market.

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**PREVIOUS RELEVANT BOCC ACTION:**

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**CONTRACT/AGREEMENT CHANGES:**

Change in terms from a flat fee to fee for service. Bill repricing fees are capped at \$10,000 annually. Although there is risk of higher cost if there is high utilization, the volume would have to substantially exceed the highest historic claims experience for this contract to be unfavorable for the County.

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**STAFF RECOMMENDATIONS:**

Approval

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**TOTAL COST:** \$ 52,000.00

**BUDGETED:** Yes X No     

**COST TO COUNTY:** \$52,000.00

**SOURCE OF FUNDS:** Primarily ad valorem

**REVENUE PRODUCING:** Yes      No X **AMOUNT PER MONTH**      **Year**     

**APPROVED BY:** County Atty      OMB/Purchasing      Risk Management     

**DIVISION DIRECTOR APPROVAL:**

  
Sheila A. Barker

**DOCUMENTATION:** Included X To Follow      Not Required     

**DISPOSITION:**     

**AGENDA ITEM #**

## ATTACHMENT "A"

### Monroe County BOCC

#### 2005/2006 WORKERS COMPENSATION CLAIMS ADMINISTRATION\*

LOST TIME: \$625.00

MEDICAL ONLY: \$150.00

Above pricing is on a per claim basis.

All services are invoiced on a monthly basis.

1099's are processed for a fee of \$10.00 per form.

Medical bill fee scheduling is performed for \$1.30 per line. The parties agree to a annual aggregate cap of \$10,000.00 for these services. This is subject to further evaluation if the annual aggregate fee exceeds \$10,000.00.

All subrogation is handled for a flat rate of \$500.00 per claim.

The fees listed do not include Managed Care services. Managed Care services can be quoted upon request.

Excess reporting, monthly loss reports, quarterly large loss reports, check processing, check register reports and BSI-17's are provided for a monthly administration fee of \$2,000.00.

***PGCS receives no monetary rebates, commissions and / or other incentives from the use, recommendation or assignment of any outside / allocated service including but not limited to; managed care, surveillance, transportation, rehabilitation and medical providers.***

\* Pricing applies to self-insured status only. Above pricing pertains to new claims with a date of accident occurring on or between the dates of 10/1/05 to 9/30/06. All pricing and services are for life of contract only.